

# Application for Contact Lens Dispensing Permit

Budget ZZ041

## Individual or Sole Proprietor

Fund 156

Contact Lens Dispensing Permit Program

Texas Department of Health

P. O. Box 12197

Austin, Texas 78711-2197

(512) 834-4515

This application is for an individual or a sole proprietor who is required to obtain a contact lens dispensing permit. Corporations and other business entities required to obtain permits must complete the form *Application for Contact Lens Dispensing Permit - Corporation or Other Business Entity*.

All questions must be answered. Failure to do so may result in delays in the processing of your application.  
Please type or print legibly.

1. Name of applicant: \_\_\_\_\_  
Last First Middle or Maiden
2. Date of birth: \_\_\_\_\_
3. Social security number: \_\_\_\_\_
4. Preferred mailing address: \_\_\_\_\_  
Street Address or P.O. Box Suite or Apartment number  
\_\_\_\_\_  
City State Zip

**NOTE:** All mail will be sent to the preferred mailing address you list in item 4 without regard to any other address that may appear on this application or on the envelope in which it was mailed. Changes in the preferred mailing address should be reported in writing to the Contact Lens Permit Program, 1100 West 49th Street, Austin, Texas 78756-3183.

5. Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

6. Do you possess any professional or occupational licenses, registrations, certificates, or permits issued by any state, jurisdiction or territory? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, state profession or occupation; license, certificate, registration, or permit number; name and address of the issuing jurisdiction, and date issued: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been denied a professional or occupational license, certificate, registration, or permit? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, provide the date and briefly state the reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Have you ever had a professional or occupational license, certificate, registration, or permit revoked, cancelled, or suspended?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If YES, provide the date and briefly state the reason(s): \_\_\_\_\_

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9. **Have you ever been convicted of a felony or misdemeanor?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Have you ever entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony or misdemeanor?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

***If you answered yes to either of the above, complete this section.*** Provide the following information for **all** felony and/or misdemeanor offenses. Include any convictions which are currently on appeal. Attach additional information and documentation or use additional sheets if appropriate.

Indicate offense(s) committed \_\_\_\_\_

Date(s) of conviction(s) \_\_\_\_\_ Sentence(s) \_\_\_\_\_ Fine(s) \_\_\_\_\_

City, County and State where offense(s) was/were committed \_\_\_\_\_

List other names you have used: \_\_\_\_\_

Are you/were you on probation/parole? \_\_\_\_ Yes \_\_\_\_ No If yes, discharge date: \_\_\_\_\_

10. **Provide the trade names and addresses of all locations in which you intend to conduct business:**

(Use additional sheets if necessary.) \_\_\_\_\_

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11. **Permit Fees**

**Are you a registered dispensing optician (in any category) with the Opticians= Registry (Texas Department of Health)?**

\_\_\_\_\_ **YES; my registration number is** \_\_\_\_\_ **NO**

**If your answer is yes**, the permit fee is \$50.

**If your answer is no**, the permit fee is \$75.

NOTE: Enclose with this application a check or money order for the appropriate fee made payable to Texas Department of Health and mail to the address shown at the top of the form. You will be required to pay additional fees in order to renew the permit. After you are approved for a permit, you will receive information about annual permit renewal procedures and fees.

## STATEMENTS OF ASSURANCE

Read and initial each statement to certify that you understand and agree to immediately comply with the statement.

- \_\_\_\_\_ I will comply with all state and federal laws and regulations regarding the sale, delivery, and dispensing of contact lenses.
- \_\_\_\_\_ I have read and understand the Texas Contact Lens Prescription Act and I agree to comply with its provisions.
- \_\_\_\_\_ I understand that fees and materials submitted in the application process are the property of Texas Department of Health and will not be refunded or returned.
- \_\_\_\_\_ I agree that, if I am issued a permit, I will return the permit if disciplinary action is taken against the permit as provided in the Texas Contact Lens Prescription Act.

## PLEASE READ CAREFULLY

In making application to the Texas Department of Health (the department) for the issuance of a contact lens dispensing permit, I have read and agree to abide by the Texas Contact Lens Prescription Act (the Act). Upon issuance of a permit, I agree to be bound by the Act. I am aware of the schedule of fees and understand that additional fees must be paid to keep the permit current. I agree to hold the Texas Department of Health and its officers, employees, and agents, free from any damage or claim by reason of any action they or any one of them take in connection with this application. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application. I further agree that if issued a permit, upon the revocation, suspension or cancellation of that permit, I shall return the permit to the department.

The disclosure of a social security number is required under the Family Code, Section 231.302 and the Health Insurance Portability and Accountability Act of 1996, Section 221. Social security numbers are confidential and will be used for identification and reporting purposes required by law.

The information which I have provided in this application is truthful and complete. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a permit, or the revocation of my permit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

The State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are truthful and complete.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas or \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Printed Name of Notary)

\_\_\_\_\_  
(Commission Expiration Date)